



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE BOARD OF ACCOUNTANCY

APPLICATION FOR PERMIT TO PRACTICE

____ Original
____ Reciprocal

Section 1: Basic Information

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip Code)

Telephone () _____ () _____
(Daytime) (Home)

Email _____

Social Security # _____

Section 2: Permits and Certificates

Please list all CPA certificates and permits issued to you:

State	Number	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of your certificates or permits (licenses) are not current or in good standing, please provide details on a separate sheet of paper.

In what state did you complete the CPA examination? _____

Section 3: General Background

Has any jurisdiction ever denied you a Permit to Practice (license)? Yes _____ No _____

If yes, attach a statement giving the name, address of jurisdiction and reason for denial.

Are any unresolved complaints pending against you in any jurisdiction? Yes _____ No _____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Do you have any impairment related to drugs or alcohol that would limit your practice of accountancy? Yes _____ No _____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Have you have ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction?

Yes _____ No _____ **If yes, submit a certified copy of your criminal history record.**

Please indicate any name (i.e. maiden, married or legal name change) under which this office may receive or may have received official documents pertaining to your application. Attach a copy of the legal document showing the name change.

Section 4: Educational Institutions Attended

College	Location	Dates Attended	Degree(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 5: Experience

List qualifying experience with present position and proceed in reverse chronological order. Be sure to list the employer and **licensed CPA** who supervised you.

No. of Years: _____ From _____ To _____

Full-time employment _____ Part-time employment _____

Name of

Employer _____

Address _____

Phone () _____

Licensed Supervising CPA _____

No. of Years:_____From_____To_____
Full-time employment _____ Part-time employment _____
Name of Employer_____
Address_____
Phone ()_____
Licensed Supervising CPA _____

No. of Years:_____From_____To_____
Full-time employment _____ Part-time employment _____
Name of Employer_____
Address_____
Phone ()_____
Licensed Supervising CPA _____

(This page may be duplicated if necessary)

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your permit.

AFFIDAVIT

State of _____

County or City of _____

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant

Date: _____

Sworn and subscribed to before me this _____ day of _____ 20____.

Notary Public

SEAL

My commission expires: _____.

Please send application to: Delaware Board of Accountancy
861 Silver Lake Blvd., Suite 203
Dover, DE 19904

Enclose payment for processing fee. Payment may be made by personal check or money order made payable to State of Delaware. See Fee Schedule for correct fee. Fee is non-refundable

Revised: 6/30/05